CSIS HIV/AIDS TASK FORCE

China's Response to HIV/AIDS and U.S.-China Collaboration

An Update from the CSIS Freeman Chair in China Studies

A Report of the Task Force on HIV/AIDS
Center for Strategic and International Studies

Executive Director
J. Stephen Morrison

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China's Response to HIV/AIDS and U.S.-China Collaboration

An Update from the CSIS Freeman Chair in China Studies

Xiaoqing Lu and Bates Gill[*]

The Big Picture

China presents one of the largest and most difficult challenges for the worldwide HIV/AIDS epidemic. Since China's first indigenous case of HIV was identified in 1989, the epidemic has spread numerically and geographically throughout the country. Today, HIV-positive people are present in all 31 Chinese provinces, municipalities, and autonomous regions, with about three-quarters of these people living in five Chinese provinces: Yunnan, Henan, Xinjiang, Guangxi, and Guangdong.[1]

The most recent official estimates indicate that as of the end of 2005, there were approximately 650,000 people living with HIV/AIDS in China. Among them, there are an estimated 75,000 people living with AIDS. These figures place the national HIV prevalence at 0.05 percent. In 2005, there were an estimated 70,000 new HIV infections and an estimated 25,000 AIDS deaths.[2] A new official report on the HIV epidemic in China, including revised estimates of the country's HIV-positive population, will be released in December 2007.

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[1] "China has 135,630 cases of reported HIV infection," Xinhua, November 29, 2005, http://news.xinhuanet.com/english/2005-11/28/content_3847884.htm.

[2] Chinese Ministry of Health (MOH), Joint United Nations Program on HIV/AIDS (UNAIDS), and World Health Organization (WHO), *2005 Update on the HIV/AIDS Epidemic and Response in China* (Beijing: National Center for AIDS/STD Prevention and Control, January 24, 2006).

Although the new estimated figure of approximately 650,000 HIV-positive people is lower than that previously believed, there is no room for complacency. According to Chinese official statistics, there were only 191,565 cumulative cases of HIV infection tested and confirmed as of the end of 2006.[3] Experts believe that some half a million or more people in China, or about 80 percent of those believed to be HIV positive, do not know their status, and the government does not know who they are. This is largely due to the lack of a more comprehensive surveillance and testing system that reaches marginalized populations. This gap has obvious implications for the continued spread of HIV in the country.[4]

Figures are more troubling among certain at-risk groups. Prevalence among intravenous drug users (IDUs) tripled from 1.95 percent in 1998 to 6.48 percent in 2004—and in some severely affected regions had increased by up to 86.54 percent as of 2005.[5] As of the end of 2005, there are approximately 288,000 drug users living with HIV/AIDS.[6] Ministry of Public Security data suggests that the number of registered drug users has risen steadily at a rate of about 122 percent per year, from 70,000 in 1990 to 1.16 million in 2005. The total number of drug users, including those unregistered, is thought to be much higher, with one estimate placing the figure at 3.5 million.[7] The most commonly used drug is heroin, which accounts for 85 percent of total reported drug use. Sharing injection equipment is common.[8] Meanwhile, prevalence among commercial sex workers (CSWs) has risen from 0.02 percent in 1996 to 0.93 percent in 2004, a remarkable jump of nearly 50-fold.[9]

In addition, several emerging factors—the increase in China's sex trade, increasing premarital and extramarital sex, greater social tolerance for homosexuality and men having sex with men, and risky behavior in the "floating population" of migrant workers—could serve as a bridge to spread the epidemic into the general population.[10] Among pregnant women in high-risk areas, HIV prevalence has grown dramatically, from nil in 1997 to 0.38 percent in 2004.[11] In some provinces, such as Yunnan, Henan, and Xinjiang, HIV-prevalence rates exceed 1 percent among pregnant women and among persons who receive

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[3] "Number of AIDS patients rises 7,618," *Shanghai Daily*, April 2, 2007, http://www.shanghaidaily.com/sp/article/2007/200704/20070402/article_3.
[4] Bates Gill, *Assessing HIV/AIDS Initiatives in China: Persistent Challenges and Promising Ways Forward* (Washington, D.C.: CSIS, June 2006).
[5] "Harm-reduction as 'Great Wall' for AIDS prevention," AIDS-China.com, June 27, 2006, http://www.aids-china.com/info/2338-1.htm.
[6] MOH, UNAIDS, and WHO, *2005 Update on the HIV/AIDS Epidemic and Response in China*.
[7] Wu Zunyou et al., "Evolution of China's Response to HIV/AIDS," *Lancet* 369 (February 24, 2007).
[8] Ibid.
[9] Ibid.
[10] Bates Gill, J. Stephen Morrison, and Andrew Thompson, *Defusing China's Time Bomb: Sustaining the Momentum of China's HIV/AIDS Response* (Washington, D.C.: CSIS, June 2004).
[11] "Yunnan aizi ganran kaishi xiang putong renqun kuosan" [HIV/AIDS Transmission to General Population], *Caijing*, March 13, 2006.

premarital and clinical HIV testing. This meets the criteria of the Joint United Nations Program on HIV/AIDS (UNAIDS) for a "generalized epidemic."[12]

The source of HIV infection is another indicator of how the disease may be moving toward a more generalized epidemic in China. For example, past estimates suggested that over two-thirds of Chinese HIV cases were contracted through intravenous drug use with infected needles. Data in 2005, however, show that of all persons living with HIV in China today, about 44.3 percent were infected through intravenous drug use, 43.6 percent were infected through sexual contact, 10.7 percent through tainted blood or blood product, and 1.4 percent through mother-to-child transmission.[13] According to a report jointly released by the Chinese Ministry of Health (MOH) and the China Center for Disease Control and Prevention (China CDC), of the 70,000 new HIV infections recorded in 2005, nearly half contracted the virus through sexual contact. Patients infected through sexual transmission are the fastest growing group in China.[14] Unsafe sex has, for the first time, overtaken intravenous drug use as the primary cause of new HIV infections, raising new concerns that the epidemic will spread from high-risk groups to the general public.[15]

While illegal and unsanitary blood collection practices have been significantly reduced in China, the number of persons contracting HIV through unsafe sex will increase in the years ahead due to a rise in commercial sex and extramarital sex. According to Chinese vice minister of health Wang Longde, national surveillance figures indicate that the "epidemic is spreading from high-risk groups to ordinary people, and that China is in a critical period for AIDS prevention."[16]

The Chinese Government Response to HIV/AIDS

From the discovery of the first cases in 1989 through the early 2000s, the Chinese authorities were slow to respond to HIV/AIDS. In 2003, when international attention mounted after the outbreak of severe acute respiratory syndrome (SARS), China's response to HIV/AIDS was significantly expanded. Since 2003, a new administration, led by President Hu Jintao, Premier Wen Jiabao, and Vice Premier and then–Health Minister Wu Yi, has stepped up the fight against HIV/AIDS.

The national budget allocation for combating HIV/AIDS was increased from approximately $12.5 million in 2002 to approximately $100 million in 2005 and about $185 million in 2006.[17] Local government budgets provide an additional $34.7 million per year. In 2006, roughly $388 million was invested, both from the Chinese government and the international community, in anti-HIV efforts in

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[12] MOH, UNAIDS, and WHO, *2005 Update on the HIV/AIDS Epidemic and Response in China*. See also Gill, *Assessing HIV/AIDS Initiatives in China*.
[13] Ibid.
[14] Zunyou et al., "Evolution of China's Response to HIV/AIDS."
[15] "Sex now primary cause of China HIV spread," Reuters, August 20, 2007.
[16] "China has 135,630 reported cases of reported HIV infection," Xinhua, November 28, 2005.
[17] "Spending on HIV/AIDS prevention set to double," *China Daily*, December 28, 2005.

China.[18] Although the amount is still not sufficient, it is a substantial increase from the past.

A number of new initiatives have been introduced under the new administration. A high-level interagency body—the State Council Working Group on HIV/AIDS—was established in 2003 to better coordinate the national response. The central government took a highly visible interest in HIV/AIDS and mobilized the bureaucracy to mount a more effective response. A national treatment program—China CARES (China Comprehensive AIDS Response)—was initiated in 2003. China CARES has been supported by central government funding and a grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). As of the end of 2006, more than 30,640 patients have been treated in 800 counties in all 31 provinces.[19]

The Chinese government has also promoted the policy of "four frees and one care." Introduced in late 2003, this national policy calls for free antiretroviral drugs for rural AIDS patients and for urban AIDS patients facing financial difficulties; free voluntary counseling and testing services in high-prevalence areas; free education for children orphaned by AIDS; free voluntary counseling and testing as well as services to prevent mother-to-child transmission of HIV for pregnant women; and care of AIDS patients and their families facing financial difficulties.

HIV testing at local levels has been expanding rapidly, with millions of persons tested between 2004 and 2005, especially in high-prevalence areas such as Henan and Yunnan provinces. Free HIV testing has been made available and expanded from 365 counties in 15 provinces in 2002 to over 2,300 counties, with 3,037 sites, in all provinces in 2006.[20] The National Center for HIV/AIDS at the China CDC completed a massive testing program in the summer of 2005, testing 2 million individuals in central Chinese provinces who had taken part in blood and blood plasma donations in the mid- to late-1990s. Over the years, surveillance has gradually been expanded to 845 national sites and now also includes pregnant women and men who have sex with men.[21]

In January 2006, long-awaited HIV/AIDS regulations were announced. These regulations, which came into effect on March 1, 2006, bring greater national attention to the plight of those who have contracted HIV, while also codifying antistigma and antidiscrimination rules. The regulations stipulate the role of different government agencies at national and local levels and spell out the rights and obligations of HIV-positive persons and their families. While full implementation and enforcement remain a concern, the regulations mark a step in the right direction. For instance, the use of methadone maintenance therapy has been incorporated into the new regulations as a treatment for heroin addiction.

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[18] "China not investing enough to fight AIDS," Reuters, April 5, 2007, http://www.alertnet.org/thenews/newsdesk/PEK289147.htm,
[19] Zunyou et al., "Evolution of China's Response to HIV/AIDS."
[20] Ibid.
[21] Ibid.

Plans are in place to open 1,500 methadone maintenance treatment clinics for about 300,000 heroin users by 2008.[22]

Importantly, since 2003 China has been more open to the assistance of international nongovernmental organizations, the private sector, and numerous governments—such as the Global Fund, multinational corporations, international foundations, the governments of Australia, the United Kingdom, the United States, the European Union, individual European governments, and others—that have become increasingly active in addressing HIV/AIDS in China. According to Vice Minister of Health Wang Longde in late 2005, international cooperation programs to combat HIV/AIDS have been carried out in 27 of China's 31 provinces, municipalities, and autonomous regions, contributing approximately $229 million.[23]

In sum, Beijing has developed good policies in response to the epidemic over the past four years. Yet, persistent and serious gaps remain in the Chinese government's response. The challenge now lies in translating good policies into effective programs on the ground.

Combating HIV/AIDS is still largely seen as a "health problem" to be tackled by the Ministry of Health, rather than as a broader socioeconomic challenge requiring a more comprehensive and coordinated response across the governmental and nongovernmental spectrum. China's government system remains highly "stovepiped," frustrating coordination between departments and across bureaus. Although the central government has called for closer collaboration among various government agencies, and there is increasing interagency collaboration, implementation of effective policy at local levels still remains challenging.

A debilitated public health system, particularly in rural areas where HIV is hitting hardest, undermines an effective response to HIV/AIDS. Overall, resources and capacity are lacking at many levels. Medical professionals lack the expertise and necessary incentives to treat HIV/AIDS patients as well as the necessary equipment and technologies to properly diagnose, counsel, treat, monitor, and care for them. The central government has placed increasing responsibility for financing health care on local authorities. HIV/AIDS, however, is most prevalent in some of the poorest and most remote parts of China, where there is the least financial capacity to address HIV/AIDS prevention and control. With limited financial resources and trained personnel, it is unclear how policies, such as the "four frees and one care," can be effectively implemented at local levels. Due to inconsistent implementation of national policies across the country, the range of services provided by local governments varies from province to province. In addition, as greater resources have begun to flow into China's anti-HIV effort, both from domestic and international sources, there is also an increased need for program management expertise.

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[22] Ibid.

[23] "New rules to combat AIDS spread," *China Daily*, October 28, 2005.

Stigma and discrimination is another formidable obstacle to the successful implementation of many programs on the ground in China. People who are HIV positive or in high-risk groups still experience discrimination from the general public. Therefore, their needs often go unaddressed. Greater emphasis is needed on HIV education, awareness, and prevention. The government remains poorly equipped to deal with those who are most at risk of contracting and spreading HIV/AIDS, particularly highly stigmatized and marginalized populations, including men who have sex with men (MSM) and persons outside of the formal economy engaged in illegal activities, such as intravenous drug users (IDUs) and commercial sex workers (CSWs).

Most civil society organizations, which have often proven to be most effective in providing outreach to hard-to-access, at-risk, marginalized groups, continue to walk a fine line in China, constantly exercising caution and restraint in their activities to avoid political, legal, and financial complications with local and central authorities. While there are clearly bright spots from many pilot projects over the past four years, the status of civil society organizations remains a sensitive issue in the run-up to the 17th Chinese Communist Party Congress in October 2007 and the Beijing Olympics in the summer of 2008. As a result, there is a continued reluctance to allow a greater role for domestic and international civil society organizations in HIV/AIDS prevention and control in China.

In addition, concerns with the safety of China's blood supply, the lack of second-line drugs in China's national treatment program, and the emergence of HIV-drug resistant strains continue to impede a fully effective response to HIV/AIDS in China.

U.S.-China Bilateral Initiatives

The U.S. government actively funds HIV/AIDS programs in China bilaterally through the U.S. Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Global AIDS Program (GAP) of the U.S. Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Department of Labor (DOL), as well as through multilateral organizations such as the United Nations and the Global Fund. Since 2006, all bilateral U.S. government-funded programs in China have been integrated into the President's Emergency Plan for AIDS Relief (PEPFAR) in order to facilitate better coordination and management.[24] These U.S. government programs are coordinated by the Office of the U.S. Global AIDS Coordinator (OGAC).

Under PEPFAR, China received nearly $10 million from the U.S. government in 2006. Funding for 2007 and 2008 is pledged to remain at a similar level. The U.S. government's $10-million budget for HIV/AIDS programs covers all directly

[24] See "Zhongmei aizibing fangzhi hezuo xiangmu beijing ji jianjie" [GAP Program Background and Overview], http://www.chinaaids.cn/icpaids/ShowProjectDetail.asp?5E05B7B8C59242AC8009BEA4B1F85608.

invested initiatives and does not include the U.S. government contribution to the Global Fund, which accounts for one-third of the Global Fund's total funding.

U.S. government-funded programs in China are in support of and consistent with Chinese national and local HIV/AIDS strategy. U.S. government funding focuses on areas such as prevention, surveillance, care, counseling and testing, and treatment, as well as scientific research (which is conducted between NIH and Chinese partners and is not covered by PEPFAR funding).

HHS and NIH Programs

The relationship of HHS with its Chinese counterparts began with the 1979 signing of a health cooperation protocol. In fiscal year 2005, HHS funded almost $50 million worth of activities with China, including grants, contracts, and staff assignments. In 2007, HHS had eight assignees working in China, including one health attaché assigned to the U.S. embassy in Beijing.

On the HIV/AIDS front, HHS has cooperated extensively with the Chinese government since June 2002, when then–HHS Secretary Tommy Thompson and then–Health Minister Zhang Wenkang signed a Memorandum of Understanding in Washington aimed at promoting enhanced U.S.-China cooperation on HIV/AIDS prevention and research. The memorandum called for increased collaboration in the development of effective intervention strategies to prevent HIV transmission, including new strategies to improve blood safety. The two sides agreed to focus also on upgrading HIV/AIDS epidemiology and surveillance in China and to provide more opportunities for training and exchange of scientists and health care professionals.[25]

Under this framework, the Global AIDS Program (GAP) of the U.S. CDC was formally established in China in October 2003. HHS/CDC programs account for a significant portion of U.S. government support in China. The United States also provides significant in-kind assistance by seconding four to five NIH and CDC personnel to work within the Chinese Ministry of Health and China CDC.

The GAP program has pledged to spend $15 million over five years in China and seeks to improve China's HIV surveillance system, develop prevention activities, including expanding voluntary counseling and testing services (VCT), and support programs that train medical workers to more effectively treat HIV/AIDS. The China CDC falls under the Ministry of Health and is in charge of partnering with its U.S. counterpart for program implementation and coordination. GAP's activities take place in 15 provinces, municipalities, and autonomous regions throughout the country, including Beijing, Inner Mongolia, Henan, Heilongjiang, Shangdong, Jiangsu, Anhui, Guangdong, Guangxi, Guizhou, Yunnan, Ningxia, Qinghai, Xinjiang, and Tibet. As of 2004, 17,720 persons received counseling and testing at GAP-supported sites, and 120,000 HIV tests

[25] U.S. embassy in Beijing, *Environment, Science, Technology and Health Newsletter*, June 28, 2002, http://beijing.usembassy-china.org.cn/esth062802.html.

were performed at GAP-supported laboratories. The number of individuals trained under GAP technical programs reached 1,984 in 2004.[26]

In 2002, the National Institute of Allergy and Infectious Diseases (NIAID) of NIH awarded a $14.8-million, five-year grant to the China CDC under its Comprehensive International Program of Research on AIDS (CIPRA) grant program. The CIPRA grant, which is not part of PEPFAR funding, seeks to expand China's capacity in comprehensive HIV/AIDS treatment and prevention research.

The award from NIH to the China CDC supports five separate projects areas: epidemiology, behavioral intervention, basic science, clinical trial, and vaccine development.

The epidemiology project completed its first study in a former plasma donor cohort in Shanxi province. Among 3,062 survey participants, 40 were identified as HIV positive, out of whom 37 reported a history of selling blood or plasma. The second study is being conducted among commercial sex workers and miners in Yunnan province with high rates of HIV and sexually transmitted diseases identified. The behavioral intervention project is completing its study to improve quality of life and decrease discrimination among former plasma donors in Fuyang city and Funan county of Anhui province using a combined individual and community intervention model. The basic science project is studying virological and immunological factors related to HIV disease progression and is also conducted in Fuyang city and Funan county of Anhui province. The clinical trial project is entitled "A Feasibility Study of Lamivudine/Zidovudine (3TC/ZDV) plus Efavirenz (EFV) as Initial Therapy of HIV-1 Infected Patients in a Rural Area of China." It is a single arm observational trial that was conducted in Wenxi county of Shanxi province to understand the efficacy and safety of this regimen in rural China. Under the vaccine project, three vaccines are currently being developed—a nonreplicating Tiantan virus (NTV) vaccine, a DNA vaccine, and a Gdalt vaccine. Pilot production of these vaccines, using good manufacturing practice standards, started in late 2006. In addition, infrastructure development in data management, reference laboratories, research ethics, and primate facilities were developed to international standards.

The China CIPRA projects have helped Chinese researchers increase their research capacity to international standards, gain a better understanding of the challenges of HIV research within China, and contribute scientifically to the international HIV research effort through publications. However, the program has not been renewed and will end this fiscal year.

USAID Programs

USAID funding in support of HIV/AIDS-related programs in China concentrate on HIV-prevention initiatives targeting at-risk persons in the Mekong River provinces of Yunnan and Guangxi. Although USAID does not have an office in

[26] HHS/CDC, "Global AIDS Program, Country Profile—China FY 2004," http://www.cdc.gov/nchstp/od/gap/countries/docs/04profiles/FY04%20China.Final.pdf.

China, HIV/AIDS support is channeled to the country via its Regional Development Mission in Asia (RDM/A) and its Greater Mekong Regional HIV/AIDS Strategy.[27]

The RDM/A manages regional and country-specific programs in mainland southeast Asia (Burma, China, Lao People's Democratic Republic, Thailand, and Vietnam), including the Effective Responses to HIV/AIDS and Other Infectious Diseases program for China. Launched in 2004, the Greater Mekong Regional HIV/AIDS program focuses on prevention and treatment across the Mekong region, including the Chinese provinces Yunnan and Guangxi, and is implemented by USAID partners Family Health International (FHI), Population Services International (PSI), Futures Group/POLICY Project, and the International HIV/AIDS Alliance.[28]

In Yunnan and Guangxi, USAID partners are working with provincial HIV/AIDS committees and local governments to develop models for HIV prevention and care. Current activities include drop-in centers that provide information and support to IDUs and sex workers, clinics for those with sexually transmitted infections (STIs), advocacy activities promoting the rights of people living with HIV/AIDS, and HIV-related policy development, including training in best practices, models, and strategies for helping to reduce social stigma.[29]

USAID programs are coordinated with GAP activities in order to avoid overlaps. Their different focus areas on prevention and treatment and care enable agencies to play to their "comparative advantage."

U.S. Department of Labor Programs

In 2004, DOL announced a $9-million grant to fund HIV/AIDS workplace education programs in countries confronting significant rates of infection, with $3.5 million specifically allocated to China.[30] This funding is not part of PEPFAR.

Implemented by the International Labor Organization (ILO), a United Nations agency on worker issues, the DOL program features collaboration among the ILO, the Chinese Ministry of Labor and Social Security (MOLSS), the All-China Federation of Trade Unions (ACFTU), and the China Enterprise Confederation (CEC).[31] The program seeks to help MOLSS reach ambitious targets set by

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[27] USAID, "Health Profile: China: HIV/AIDS (April 2005), http://www.usaid.gov/our_work/global_health/aids/Countries/ane/china_05.pdf.
[28] Ibid.
[29] Ibid.
[30] See DOL news release, "U.S. Labor Department Awards $9 million Grant to International Labor Organization to Fight HIV/AIDS in the Workplace," October 20, 2004, http://www.dol.gov/opa/media/press/ilab/ILAB20041887.htm. See also DOL news release, "U.S. Labor Secretary Elaine Chao Outlines Accomplishments of High-level U.S. Department of Labor Delegation to China," June 24, 2004, http://www.dol.gov/opa/media/press/opa/OPA20041146.htm.
[31] "China's AIDS Battle Goes Corporate," *Los Angeles Times*, March 3, 2007, http://www.businessfightsaids.org/site/apps/nl/content2.asp?c=gwKXJfNVJtF&b=1009023&ct=3622639.

China's National Action Plan on HIV/AIDS, including stipulations for MOLSS to reach 70 percent of China's migrant workers with HIV/AIDS education by 2007 and 90 percent by 2009.[32] Despite the fact that these targets are clearly not going to be met, the DOL program has helped the Chinese authority to scale up its response to HIV/AIDS.

In January 2007, a DOL-funded, three-year education campaign was officially launched, aiming to acquaint migrant workers and their families with knowledge about AIDS prevention and reduce discrimination against HIV carriers in the workplace.[33] Anhui, Guangdong, and Yunnan provinces will be the initial sites for the program.

Targeted at the rural-urban migrant worker population, DOL program objectives include providing information on HIV/AIDS transmission and prevention, eliminating discrimination against people living with HIV/AIDS, and reducing high-risk behavior. The programs expect to integrate HIV education into human resources or occupational health and safety systems that already exist. DOL programs also aim to help companies and trade unions develop policies in order to protect the employment rights of HIV-positive workers and combat the pervasive stigma against HIV/AIDS that still prevails in much of China.[34] The programs will provide training to government officials at national and local levels and assist them with developing guidelines and policies relevant to HIV/AIDS prevention and control.[35]

In addition to funding such programs on the ground, DOL is collaborating with ILO HIV/AIDS staff to oversee the programs and ensure effective implementation. While the programs are projected to last through 2009, DOL is incorporating sustainability plans into the programs, with the goal to have activities continue beyond the life the programs.

Gaps and Future Recommendations

The Chinese leadership has demonstrated strong political will and put forward well-considered and pragmatic policies to address the HIV/AIDS challenge. However, despite the Chinese government's improved response to the epidemic and active U.S.-China bilateral collaboration, persistent challenges still confront the fight against HIV/AIDS in China. Due to its sheer size and growing influence in East Asia and around the world, the HIV response in China will significantly affect how successfully the disease is stemmed globally.

U.S. involvement has helped China more successfully confront its HIV epidemic, while also assisting in the introduction of best practices, sound

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[32] Nick Young, "ILO, Labor Ministry, plan AIDS education for migrant workers," *China Development Brief*, January 29, 2007, http://www.chinadevelopmentbrief.com/node/973.
[33] "China launches HIV/AIDS workplace education program," Xinhua, January 27, 2007, http://www.china.org.cn/english/health/197732.htm.
[34] Young, "ILO, Labor Ministry, plan AIDS education for migrant workers."
[35] "Program to help AIDS prevention," *China Daily*, January 27, 2007, http://www.chinadaily.com.cn/china/2007-01/27/content_794268.htm.

scientific undertakings, and greater openness to the constructive role that civil society organizations can play in fighting HIV/AIDS in China. Given the similarities between China's HIV epidemic and those in other parts of Asia—key countries such as India, Indonesia, Vietnam, and Burma—lessons learned and successful programs in China could be replicated as the global effort against HIV/AIDS expands.

Among other steps, as part of PEPFAR reauthorization and broader U.S. government support for stemming HIV/AIDS in China, the United States should:

- Renew and expand PEPFAR, which, at a minimum, will allow for continuation of indirect sources of support to fight HIV/AIDS in China, as through the Global Fund and UNICEF.
- Renew and expand the NIH's overall research portfolio in China, including CIPRA and smaller research projects sponsored by NIH's Division of Acquired Immunodeficiency Syndrome (DAIDS). Expanded research cooperation is expected to bolster China's capacity to carry out sustainable, evidence-based scientific research in the treatment and prevention of HIV/AIDS.
- Authorize a doubling of support for USAID programming in southern China to $20 million through the USAID Regional Development Mission in Asia and its Greater Mekong Regional HIV/AIDS Strategy to expand the work of drop-in centers, advocacy activities to promote the rights of people living with HIV/AIDS, and stigma reduction.
- Expand the U.S. CDC GAP in China, which has demonstrated its success in fostering a more targeted and well-structured set of programs aimed at at-risk populations.
- Support expanded programming to help the Chinese Ministry of Health and China CDC significantly increase access to testing and prevention education for marginalized and at-risk populations, particularly intravenous drug users, commercial workers, migrant workers, and men who have sex with men.
- Provide start-up support to U.S. government agencies—Department of Education, Department of Labor, Department of Defense, Food and Drug Administration, Department of Commerce, Department of the Treasury, and OGAC—to establish China-related programming on HIV/AIDS and more fully integrate China-related developments on HIV/AIDS into their global responsiveness to the HIV pandemic.

About the CSIS Task Force on HIV/AIDS

The CSIS Task Force on HIV/AIDS seeks to build bipartisan consensus on critical U.S. policy initiatives and to emphasize to senior U.S. policymakers, opinion leaders, and the corporate sector the centrality of U.S. leadership in strengthening country-level capacities to enhance prevention, care, and treatment of HIV/AIDS. J. Stephen Morrison, director of the CSIS Africa Program, manages the overall project, in cooperation with the CSIS Freeman Chair in China Studies, the CSIS Russia/Eurasia Program, and the CSIS South Asia Program.

The honorary cochairs of the task force are Senator Russell Feingold (D-Wis.) and Senator John E. Sununu (R-N.H.). Former senator William H. Frist remains an active partner of the task force. The CSIS Task Force on HIV/AIDS is funded principally by the Bill and Melinda Gates Foundation, with project support and input from the Henry J. Kaiser Family Foundation, the David and Lucile Packard Foundation, and Merck and Co. The task force outlines strategic choices that lie ahead for the United States in fighting the global HIV/AIDS pandemic and comprises a core network of experts drawn from Congress, the administration, public health groups, the corporate sector, activists, and others. This panel helps to shape the direction and scope of the task force and disseminate findings to a broader U.S. audience.

Now in its seventh year, the task force's principal focus is on two critical issues: first, raising the profile and improving the effectiveness of U.S. support to global prevention efforts and facilitating a bipartisan discussion of global HIV prevention policy; and second, examining how U.S. leadership can facilitate the sustainability of HIV/AIDS programs, both in terms of resource flows and in situating HIV/AIDS responses within a broader strategy to address gaps in gender equity, health infrastructure, human capacity, and international collaboration on global health. The task force continues to engage on the emerging dynamics of the epidemic in Russia, China, and India with recent delegation visits in mid-2007.